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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of )  
Arthur Neufeld ) For: TECHNIQUE FOR REDUCING  
Serial No.: 09/690,673 ) AVERAGE POWER  
Filed: October 16, 2000 ) CONSUMPTION IN A  
Group No. 2683 ) WIRELESS COMMUNICATIONS  
DEVICE

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RESPONSE TO OFFICE ACTION

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attention: Examiner Keith Ferguson

Dear Examiner:

In response to the Official Action dated September 23, 2003, please enter and consider the following remarks:

I hereby certify that this correspondence is being sent via facsimile and deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1420, Alexandria, VA 22313-1450; on:

December 23, 2003

(Date of Deposit)

Theresa Badet

(Name of the Person Making Deposit)

*Theresa Badet*  
(Signature)

December 23, 2003

(Date of Signature)

**AMENDMENT TRANSMITTAL FORM**
 Commissioner for Patents  
 P.O. Box 1450, Alexandria, VA 22313-1450

 Attorney Docket No.: 000128  
 In Re Application of: Arthur Neufeld  
 Serial Number: 09/690,673  
 Filed: October 16, 2000  
 Examiner: Keith Ferguson  
 Group Art Unit: 2683

Dear Sir:

 Transmitted herewith for filing is a Response to Office Action in the above identified application.  
 In addition, the following documents are enclosed:

1. ☐ A Request for a () Month Extension of Time is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
  - a. ☐ PTO-1449
  - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other: (\*) sheets of formal drawings.

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	22	22	0	x \$18 =	\$0	
Independent**	4	4	0	x \$84 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$280	\$0	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$0
				<input type="checkbox"/> Two Months	\$410	\$0
				<input type="checkbox"/> Three Months	\$930	\$0
				<b>TOTAL FEE</b>	<b>\$0</b>	

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: December 23, 2003Signature: 
 Kevin T. Cheatham, Reg. No. 48,766  
 Attorney for Applicant

 QUALCOMM Incorporated  
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 San Diego, California 92121-1714  
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